

TRICARE SUPPLEMENT COVERAGE SUMMARY	FOR TRICARE STANDARD/EXTRA MEMBERS		FOR TRICARE PRIME MEMBERS	
TRICARE CATEGORY	STANDARD NEW NAME FOR <i>CHAMPUS</i>	EXTRA PREFERRED PROVIDER ORGANIZATION	PRIME IN-NETWORK HMO	OUT-OF-NETWORK POINT-OF-SERVICE (POS) OPTION
<b>Eligible Children (unmarried)</b>	To age 19; to age 23, if a full-time student (may continue past policy age limits if disabled and continues to have TRICARE)		To age 19; to age 23, if a full-time student (may continue past policy age limits if disabled and continues to have TRICARE)	
<b>Pre-existing Condition Limitations</b>	None		None	
<b>Federal Fiscal Year Outpatient Deductible</b> (Fiscal year: October 1 – September 30)	The TRICARE Supplement Plan reimburses deductible amounts (for military retirees, \$150 individual/ \$300 family) <sup>1</sup>		None	The TRICARE Supplement Plan reimburses 50% of the POS deductible ( <i>POS deductible is \$300 individual / \$600 family</i> )
<b>Lifetime Benefit Maximums</b>	Unlimited		Unlimited	
<b>Annual TRICARE Enrollment Fee</b>	None		None The TRICARE Prime enrollment fee is not covered by ASI	
<b>Pre-Certification/Pre-Authorization Requirements</b>	Only as required by TRICARE		Only as required by TRICARE	
<b>Inpatient <u>Military</u> Hospital Care</b>	The TRICARE Supplement Plan reimburses the daily subsistence fee		The TRICARE Supplement Plan reimburses the daily subsistence fee	
<b>Inpatient <u>Civilian</u> Hospital Care</b>	The TRICARE Supplement Plan reimburses your cost share. (For retirees, this is the lesser of the daily per diem charge or 25% of billed amount, not to exceed TRICARE Standard DRG amount) Plus 100% of covered charges in excess of the TRICARE Standard allowed amount	The TRICARE Supplement Plan reimburses your cost share. (For retirees, this is the lesser of the daily per diem charge or 25% of TRICARE Extra contracted rate), 20% of professional fees	The TRICARE Supplement Plan reimburses eligible TRICARE Prime co-payments and cost share	The TRICARE Supplement Plan reimburses 50% of the POS deductible, the 50% POS cost share Plus 100% of applicable excess charges
<b>Outpatient Hospital Services</b> (Surgery, X-Ray, Lab, Office Visits, Well Baby Care, Accident, Emergency Care, Home Health Care)	The TRICARE Supplement Plan reimburses the Outpatient Deductible amount and your 25% cost share Plus 100% of covered charges in excess of the TRICARE Standard allowed amount	The TRICARE Supplement Plan reimburses the Outpatient Deductible amount and your 20% cost share	The TRICARE Supplement Plan reimburses eligible TRICARE Prime co-payments and cost share	The TRICARE Supplement Plan reimburses 50% of the POS deductible, the 50% POS cost share <u>Plus</u> 100% applicable cost share
<b>Prescription Drugs</b>	The TRICARE Supplement Plan reimburses the TRICARE copayment if network/Mail Order Pharmacy; If non-network pharmacy, the TRICARE deductible and \$9 or 20% of the cost, whichever is greater	The TRICARE Supplement Plan reimburses the TRICARE copayment if network/Mail Order Pharmacy	The TRICARE Supplement Plan reimburses the TRICARE copayment if network/Mail Order Pharmacy	The TRICARE Supplement Plan reimburses 50% of the POS deductible, the 50% POS cost share <u>Plus</u> 100% applicable cost share
<b>Outpatient Mental Health</b> (including alcoholism, drug addiction and mental nervous disorder)	The TRICARE Supplement Plan reimburses up to \$500 per person per year after TRICARE pays		The TRICARE Supplement Plan reimburses up to \$500 per person per year after TRICARE pays	
<b>Inpatient Mental Health</b> (including alcoholism, drug addiction and mental nervous disorder)	Coverage under the TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per federal fiscal year. If TRICARE approves benefits beyond these daily limits, supplemental coverage is limited to the lesser of the number of days TRICARE pays or 90 days per federal fiscal year		Coverage under the TRICARE Supplement Plan is limited to 30 days for adults age 19 or older, or 45 days for children under age 19 per federal fiscal year. If TRICARE approves benefits beyond these daily limits, supplemental coverage is limited to the lesser of the number of days TRICARE pays or 90 days per federal fiscal year	

<sup>1</sup>Reimbursement toward the fiscal year TRICARE Standard/Extra Outpatient Deductible under the Comprehensive Plan is made only if the deductible is incurred after the effective date of coverage.